






 =	 =	 =	 =
					
1	Suddenly scared for no reason	0	0	0	0
2	Feeling restless, can't sit still	0	0	0	0
3	Becoming angry easily	0	0	0	0
4	Drinking alcohol when I go out in the weekend	0	0	0	0
5	Feeling fearful	0	0	0	0
6	Blaming myself for things	0	0	0	0
7	Bullying or threatening others	0	0	0	0
8	Smoking cigarettes	0	0	0	0
9	Faintness, dizziness or weakness	0	0	0	0
10	Crying easily	0	0	0	0
11	Destroying or breaking things that belong to others	0	0	0	0
12	Nervousness or shakiness inside	0	0	0	0
13	Loss of sexual interest	0	0	0	0
14	Starting fights	0	0	0	0
15	Feeling low in energy, slowed down	0	0	0	0
16	Heart pounding or racing	0	0	0	0
17	Poor appetite	0	0	0	0
18	Intentionally hurting someone	0	0	0	0
19	Trembling	0	0	0	0
20	Difficulty falling asleep, staying asleep	0	0	0	0
21	Arguing often	0	0	0	0
22	Feeling tense or keyed up	0	0	0	0
23	Feeling hopeless about the future	0	0	0	0
24	Feeling no interest in things	0	0	0	0
25	Drinking alcohol during the week	0	0	0	0
26	Headaches	0	0	0	0
27	Feeling blue	0	0	0	0
28	Using sleeping pills or sedatives	0	0	0	0
29	Spells of terror or panic	0	0	0	0
30	Feeling lonely	0	0	0	0
31	Thoughts of ending my life	0	0	0	0
32	Feeling of being trapped or caught	0	0	0	0
33	Worrying too much about things	0	0	0	0
34	Stealing things	0	0	0	0
35	Feeling everything is an effort	0	0	0	0
36	Feelings of worthlessness	0	0	0	0
37	Using drugs (hash, XTC, speed, coke, LSD)	0	0	0	0

لائحة أحداث مؤثرة  
في الاسفل تجد لائحة لاحداث قد يتعرض المرء لها في حياته. بين عن طريق إملاء الدائرة المناسبة بالأسود فيما اذا كان الحدث المذكور ينطبق عليك.

( ) .

		Yes	No
<b>Stressful life events concerning the family</b>			
1	Have there been drastic changes in your family <i>during the last year</i> ?	<input type="radio"/>	<input type="radio"/>
2	Have you ever been separated from your family against your will? ( By a stranger, police officer, soldier, fleeing your homeland)	<input type="radio"/>	<input type="radio"/>
3	Has someone died in your life that you really cared about?	<input type="radio"/>	<input type="radio"/>
<b>Experiences with illness, accidents and disasters</b>			
4	Have you had a life threatening medical problem?	<input type="radio"/>	<input type="radio"/>
5	Have you been involved in a serious accident? (for example involving a car)	<input type="radio"/>	<input type="radio"/>
6	Have you ever been involved in a disaster? (For example: flood, hurricane, fire, tornado, avalanche, earthquake, hostage situation, chemical disaster?)	<input type="radio"/>	<input type="radio"/>
<b>War</b>			
7	Have you ever experienced a war or an armed military conflict going on around you in your country of birth?	<input type="radio"/>	<input type="radio"/>
<b>Physical and sexual mistreatment</b>			
8	Has someone ever hit, kicked, shot at or some other way tried to physically hurt you?	<input type="radio"/>	<input type="radio"/>
9	Did you ever see it happen to someone else in real life? (Not just on television or in a film)?	<input type="radio"/>	<input type="radio"/>
10	Has someone ever tried to touch your private sexual parts against your will or forced you to have sex?	<input type="radio"/>	<input type="radio"/>
<b>Other</b>			
11	Did you experience any other very stressful life events where you thought that you were in great danger?	<input type="radio"/>	<input type="radio"/>
12	Did you experience any other very stressful life event where you thought that someone else was in great danger?	<input type="radio"/>	<input type="radio"/>
13	<b>Not listed above but you found the event very frightening</b> : .....		

Comments :

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